Rhode Island Department of Health
Division of Health Services Regulation
Emergency Medical Services

3 Capitol Hill, Room 105
Providence, RI 02908-5097

Application for Renewal of Emergency Medical Technician and Extended Role Skills

Select the level of EMT Licensure you are applying for (check one):

☐ **EMT-Basic (EMT-B)** ☐ **EMT-Intermediate (EMT-I)** ☐ **EMT-Cardiac (EMT-C)**
☐ **EMT-Paramedic (EMT-P)** ☐ **Oral/Endotracheal Intubation**

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☐ Payment $_____ ☐ Affiliation ☐ Tax Affadavit ☐ Refresher # _____ ☐ CPR ☐ ET ☐ NREMT ☐ Complete Date _____ Initials _____	☐ Approved ☐ Denied Date _____ By _____ EMT # _____ ☐ Endo Expiration Date _____

Phone: (401) 222-2401 **Fax: (401) 222-3352** **TTY/TDD: (800) 745-5555**

revised 8/1/2007 swa

GENERAL INFORMATION

1. Full instructions for completing this application are provided in the Instructions for Licensure as an Emergency Medical Technician, available on the Division of EMS web site at http://www.health.ri.gov/professions/amb.php.
2. Requirements for EMT licensure are established by the Rules and Regulations Relating to Emergency Medical Services (R23-4.1EMS), available through the Division of EMS web site at http://www.health.ri.gov/professions/amb.php.
3. EMT licensure can be denied pursuant to the provisions of the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS). False/incorrect statements or documents may be considered sufficient cause to deny or revoke a license as an EMT in Rhode Island and may result in additonal penalties as determined by law. The Department may conduct random application audits, requiring the EMT applicant to file proof of completion of the above training requirements for renewal.
4. Should you have any questions regarding the EMT license requirements or completion of the application form, contact the Division of Emergency Medical Services at (401) 222-2401.

APPLICATION INSTRUCTIONS

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark “NA” on questions that are Not Applicable.
2. Do not detach any full pages from this booklet.
3. Please use a **ball-point type pen** when completing these forms.
4. Sign the application and return it with the required fee(s). Do not submit the application without all applicable information, documentation and fee(s).
5. Mail the completed application to:

   Rhode Island Department of Health
   Division of Emergency Medical Services
   Room 105, 3 Capitol Hill
   Providence, RI 02908-5097

   Please note: Extra postage will be required.
6. **Faxed applications WILL NOT be accepted.**

RENEWAL REQUIREMENTS

1. Applicants for EMT-Basic (EMT-B) or EMT-Intermediate (EMT-I) license renewal are required to successfully complete a Department of Health approved refresher training program conducted under the supervision of a Rhode Island licensed EMS instructor-coordinator.
2. Applicants for EMT-Cardiac licensure renewal are required to complete the EMT-Basic refresher training requirements plus an EMT-C refresher program conducted under the supervision of a Rhode Island licensed EMS instructor-coordinator.
3. Applicants for EMT-Paramedic (EMT-P) license are required to maintain current registration with the National Registry of EMTs. **This registration must have an expiration date greater than the applicant’s current EMT-Paramedic license.**
4. Applicants for renewal of the extended role skill of Oral/Endotracheal Intubation must indicate successful completion of an authorized Oral/ Endotracheal Intubation practical skills examination.
5. The EMT refresher training program should be completed prior to the expiration of the applicant’s current license. Failure to complete the refresher training program within licensure deadlines may result in lapse of license before EMT licensure renewals can be processed.
6. To renew an EMT license, the applicant must:
   a. Indicate successful completion of an approved refresher training program and provide the course approval number.
   b. Indicate current completion of an approved CPR course (American Heart Association *Healthcare Provider*, American Red Cross *Professional Rescuer*, American Safety and Health Institute *CPRPRO*, Medic First Aid *BLSPRO*, or National Safety Council *Professional Rescuer CPR*.)
   c. Indicate (if applicable) current registration with the National Registry of Emergency Medical Technicians (NREMT) and provide expiration date and registration number.
   d. If affiliated with a Rhode Island EMS department/ service, obtain the signature of the department/ service chief.

IMPORTANT: Licensure is an individual responsibility and not the responsibility of your employer or supervisor.

State of Rhode Island
Division of Emergency Medical Services

Renewal of License as an Emergency Medical Technician

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your license and reported to those who inquire about your license. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

MANDATORY INFORMATION

3. Gender

☐ Male ☐ Female

4. Date and Place of Birth

Month Day Year

City and State; OR Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the EMS Office of all address and telephone number changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, if NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Other State Licensure

List all states or countries in which you are now or ever have been licensed to practice as an EMT.

State/Country:		State/Country:	
	☐ Active ☐ Inactive		☐ Active ☐ Inactive
	☐ Active ☐ Inactive		☐ Active ☐ Inactive
	☐ Active ☐ Inactive		☐ Active ☐ Inactive
	☐ Active ☐ Inactive		☐ Active ☐ Inactive

7. License Renewal & Extended Role Skill Checklist

Check all boxes that apply.

In accordance with the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS), I hereby attest to my completion of the following EMT license renewal requirements:

- ☐ Successful completion of a Department-approved EMT refresher training program specific to my level of licensure. Course approval # ☐☐☐☐
- ☐ Successful completion of a Department-approved CPR course (see Page 1).
- ☐ Current registration with the National Registry of Emergency Medical Technicians (if applicable).
  Number ☐☐☐☐☐☐☐ Exp. Date ☐☐ (Month) ☐☐ (Day) ☐☐☐☐ (Year)
- ☐ Successful completion of an Oral/Endotracheal Intubation Practical Skills Examination (if applicable)

8. Rhode Island EMS Dept/ Service Affiliation

Please list only ONE affiliation. If you have no affiliation, please mark question as NA. This address will appear on the Department of Health web site.

Rhode Island EMS Department/Service Affiliation

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City | State | Zip Code

Country, If NOT U.S. | Postal Code, if NOT U.S.

Home Phone | Extension | Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

9. Dept/Service Affiliation Verification

To be completed by Chief of department or service.

I hereby certify that _____ is a bonafide member of my EMS Service/ Department and that said affiliation is true and accurate.

Signature of Chief | Date of Signature | Printed Name of Chief

10. Payment of Fees

Select one.

- ☐ I have enclosed my renewal fee of **$90.00**
- ☐ I am exempt from license fees (see below, must complete Items #8 and #9)

Required fees must accompany the EMT renewal application. Fees must be made payable by **cashier's check or money order** to the General Treasurer, State of Rhode Island.
PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE

EXEMPTIONS: Per Section 23-4.1-10, the following categories of Rhode Island Licensed EMS Providers are considered "Exempt":

- City or town services, vehicles and their employees.
- Volunteer or not-for-profit services, vehicles and individuals providing services therein.
- Fire district service, vehicles and individuals providing services therein.

11. Disaster Availability

I am interested in becoming a volunteer emergency responder during a disaster or state of emergency. ☐ Yes ☐ No

12. Criminal Convictions

Respond to the question at the top of this section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead *Nolo Contendere*, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? ☐ Yes ☐ No

Abbreviation of State and Conviction (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year
_____	☐☐	☐☐
_____	☐☐	☐☐
_____	☐☐	☐☐

PLEASE NOTE: If you answered "Yes" to Question #12, your application will not be accepted or processed without a FULL Bureau of Criminal Identification (BCI) report attached. Rhode Island residents may obtain this information from the RI Attorney General's Office, 150 South Main Street, Providence, RI 02903 Tel. (401) 421-5268. Out-of-state applicants should obtain their full BCI report from their state of residence. If an offense occurred in another state, a full BCI will also be required from the state in which the offense occurred.

13. Disciplinary Questions

Check either Yes or No for each question.

A. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? ☐ Yes ☐ No

B. Have you ever been denied a Health Professional license, certificate, registration or permit in any state? ☐ Yes ☐ No

C. Has an EMS Department/Service, for any reason, ever suspended, restricted, or placed on probation your EMS privilege to practice? ☐ Yes ☐ No

NOTE: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

14. Taxpayer Status/Identity Verification

☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

☐ I am in federal bankruptcy. (Case # _____)

☐ I am in state receivership. (Case # _____)

☐ I have been discharged from bankruptcy. (Case # _____)

All persons applying or renewing any license, registration, permit or other authority (herein after called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below. In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

15. Affadavit of Application

Complete this section and sign.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Emergency Medical Technician in the State of Rhode Island. I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Division of Emergency Medical Services of any change in the answers to these questions after this application and this affidavit is signed.

_____ _____

Signature of Applicant Date of Signature (MM/DD/YY)

FOR DEPARTMENT OF HEALTH USE ONLY

☐ Approved ☐ Denied Date _____ By _____ EMT # _____ ☐ Endo Expiration Date _____